

A.P. No. 004-031-10. 004-031-13
Escrow No. 2001-47516-MLJ

WHEN RECORDED MAIL TO:
First American Title Company of Nevada
P.O. Box 1048
Ely, NV 89301

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Myrtle L. McBirney, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Myrtle L. McBirney named as one of the parties in that certain Joint Tenancy Deed dated August 29, 1995, executed by Myrtle L. McBirney and Dorothy L. York, mother and daughter to Myrtle L. McBirney, Dorothy L. York, and John Allen McBirney as joint tenants, recorded as Instrument No. 103970 on Sept 13, 1995 in book 115, page 215, of Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Alamo, County of Lincoln, State of Nevada:

Parcel I:

Alamo Townsite in Lot Two (2), Block 44, County of Lincoln, State of Nevada, and bounded and described as follows:

Commencing at a point 64 ft. North of the Southwest corner of Lot Numbered Two (2) in Block Number Forty-four (44) running East one hundred feet thence (60) sixty feet, North thence West one hundred feet (100) thence South sixty feet (60) to point of beginning.

Parcel II:

All in the Alamo Townsite which is in Township Seven (7) South Range 61 East, M.D.B. & M. in Block 44, Lot 2 commencing at the South West Corner of Lot 2 running East 247 1/2' thence North 123' 9" thence West 147 1/2' thence South 60' thence East 100' thence South 63' 9" to place of beginning.

Dated 8-10-01

Dorothy L. York
Dorothy L. York

State of Wyoming
County of Converse

This instrument was acknowledged before me on August 10, 2001 by

Dorothy L. York

Twila Hutchings
Notarial Officer

TWILA HUTCHINGS
Notary Public, State of Wyoming
Qualified in Converse County
Commission Expires September 7, 2003

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

000093

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1		Myrtle L. NC BIRNEY		2		3a. Clark	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emar. For Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Valley Hospital		3d. Inpatient		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify () Yes () No () Yes, (Specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		UNDECEASED YEAR MONTH DAY	
5. White		6.		7a. 83		7b. 7c.	
DATE OF BIRTH (Mo., Day, Yr.)		CITIZEN OF WHAT COUNTRY (Specify highest grade completed)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8. March 17, 1912		9b. U. S. A.		10. 8		11. Widowed	
STATE OF BIRTH (If not U.S.A., name country)		USUAL OCCUPATION (One kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
9a. Iowa		13a. Cook / Retired		14b. School Cafeteria			
SOCIAL SECURITY NUMBER		RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
12.		15a. Nevada 15b. Lincoln		15c. Alamo		15d. 83 North 1st Street	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes		16. J. W. La Rue		17. Maggie Root			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Dorothy York - Daughter		18b. Post Office Box 568, Douglas, WY 82633					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal		19b. Douglas Park Cemetery		19c. Douglas Wyoming			
FUNERAL DIRECTOR—SIGNATURE (If Personal Service, as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. [Number]		20c. Palm Mortuary 1325 N. Main St., Las Vegas, Nevada 89101			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. [Signature]		21b. 9 Jan 96		21c. 1:47 AM		21d. Jerald Malone, M.D. 2320 East McDaniel Street North Las Vegas Nevada 89030	
21e. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		21f. DATE SIGNED (Mo., Day, Yr.)		21g. HOUR OF DEATH		21h. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. [Signature]		21f. [Date]		21g. [Time]		21h. [Time]	
21i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER					
21i. Jerald Malone, M.D. 2320 East McDaniel Street North Las Vegas Nevada 89030		21j. 3581					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. JAN 10 1996		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death			
PART I (a) Cardiac arrest				Interval between onset and death		0	
(b) Congestive heart failure				Interval between onset and death		3 hrs	
(c) Coronary artery disease				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26.		26a. No		26b. No			
ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
27a.		27b.		27c.		27d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28a.		28b.		28c.		28d.	

STATE REGISTRAR

No. 88491

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: [Signature]
Date Issued: JAN 12 1996

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 157 PAGE 408

COPY

NO. 116814

FILED AND RECORDED AT REQUEST OF

FIRST AMERICAN TITLE

AUGUST 21, 2001

AT 55 MINUTES P.M. 04 FLOOR

PM IN BOOK 157 OF OFFICIAL

RECORDS PAGE 406

COUNTY RECORDER

LESLIE BOUCHER

COUNTY RECORDER

BY Teresa Seaver DEPUTY

BOOK 157 PAGE 409